

DEVELOPMENT SERVICES DEPARTMENT MECHANICAL PERMIT APPLICATION

PROJECT ADDRESS:			
TENANT NAME:			
SUBDIVISION :	VALUATIO	VALUATION :	
OWNER NAME :	PHONE : (_	PHONE : ()	
OWNER ADDRESS	CITY/STATE	ZIP	
HVAC CONTRACTOR:	РН	PHONE:()	
ADDRESS :	STATE:	ZIP:	
STATE LICENSE #	APPLICATION #:		
DESCRIPTION OF WORK :			
LIABILITY, MINIMUM \$300,000, N ADDITIONALLY, ALL CONTR. REGISTRATION.	OVIDE A CURRENT CERTIFICATE OF NAMING THE CITY OF SUGAR LAND ACTORS SHALL PROVIDE A C * * CONSTRUCTION PLANS * * * * *	O AS CERTIFICATE HOLDER. OPY OF STATE LICENSE	
	HALL HAVE BEEN APPROVED PR K SHALL COMPLY WITH 2000 INTER DDE.		
I HEREBY CERTIFY THAT I HAVE TO BE TRUE AND CORRECT. AI TYPE WORK WILL BE COMPILEI PERMIT DOES NOT PRESUME TO	**************************************	MENT AND KNOW THE SAME DINANCES GOVERNING THIS EIN OR NOT. GRANTING OF A CANCEL THE PROVISIONS OF	
Fee Schedule: \$10 base fee, plus \$10	for the first \$1,000 of the job valuation, p	olus \$2 for each additional \$1,000	
APPLICANT	DATE		

Insurance Requirements

Homeowners should submit a copy of their homeowners policy with the application.

Contractors the following requirements apply:

Sugar Land Development Code Chapter 7 Article II. Buildings

Section 7-16. Code Amendments

105.8. **Insurance Required**. As a condition to the issuance of the permit, the Contractor shall submit proof that the contractor has: Workers' Compensation insurance as required by law; general liability insurance of at least \$100,000 for any one accident and \$300,000 for any one person; and property damage insurance of at least \$50,000 for any one accident and \$1,000 for any one piece of property.

The Certificate Holder Box Must Read:

Certificate Holder Box

City of Sugar Land

Attn: Development Services

P.O. Box 110

Sugar Land, TX 77487

Proof of insurance can be faxed to (281) 275-2371.